10500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland | LENGTH OF STAY (in this place) 78yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) H (Last) Albright
4. DATE OF DEATH: (Month) Nov, (Day) 9 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 8th 1873
9. AGE last birthday: 78 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Albright
14. MOTHER'S MAIDEN NAME: Hannah Beals

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Albright (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure - left Side	2 wks.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive Cardio-vascular-renal disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Nov 9, 1951, that I last saw the deceased alive on Nov 9, 1951, and that death occurred at 6 00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
John B. Davis, M.D. | Frostburg Md. | 11/11/51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 12 1951 | NAME OF CEMETERY OR CREMATORY Vale Summit Cemetery | LOCATION (City, town, or county) (State) Vale Summit, Allegany Co Md

DATE REC'D BY LOCAL REG. 11-12-51 | REGISTRAR'S SIGNATURE Jeannette M Boal | 24. FUNERAL DIRECTOR M. Eichhorn, Lonaconing | ADDRESS Md.

100-105

RECEIVED
NOV 19 1951
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10501

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS I20 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) I20 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) H. (Last) Appell

4. DATE OF DEATH: (Month) II-3-51 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. I5, I876

9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Charlestown, W.Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John B. Appell

14. MOTHER'S MAIDEN NAME: Betty C. Smallwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 705-05-I792

17. INFORMANT AND ADDRESS: Rebecca J. Appell I20 Va. Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bilateral, bacterial	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	Unknown
	(c)	

332X
83 hr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/22, 1951, to 11/3, 1951, that I last saw the deceased alive on 11/3, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Steven Ladd Lodi M.D 202 Va. Ave. Cumberland, Md 11/5/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF II-6-51 | NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park | LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov 6, 1951 | REGISTRAR'S SIGNATURE Winter R. Frantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli Cumberland, Md

510-246

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VS A15

RECEIVED
NOV 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10502

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing, Md.
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) (Last) Atkinson
4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 19 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 11, 1882
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivery of Express
10b. KIND OF BUSINESS OR INDUSTRY: Own Truck
11. BIRTHPLACE (State or foreign country): Lonaconing, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hugh Henry Atkinson
14. MOTHER'S MAIDEN NAME: Margaret Muir
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Walter Kline (son-in-law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pyelonephritis — 2 wks

600.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

135a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1950, to Nov. 20, 1951, that I last saw the deceased alive on Nov. 17, 1951, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

SIGNATURE: Arthur P. Jones (Degree or title) M.D. ADDRESS 110 S. Centre St. DATE SIGNED Nov. 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 22, 1951 | NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery | LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG. Nov. 20, 1951 | REGISTRAR'S SIGNATURE: Winter K. Hantz, M.D.

24. FUNERAL DIRECTOR: M. Eichhorn, Lonaconing, Maryland. ADDRESS

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NOV 27 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10503

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 13 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 168 E Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 168 E MAIN

3. NAME OF DECEASED (Type or Print): (First) Ogoretta (Middle) Lilly (Last) Baker

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harrisonburg Va

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James O. A Clary

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary E McLane Frostburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerosis — Interval Between Onset and Death: Several

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — ?

450.0 97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936, 19..... to Nov 6, 1951, that I last saw the deceased alive on Nov 6, 1951, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm Lane MD — ADDRESS: Frostburg Md — DATE SIGNED: Nov 6 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-8-51 — NAME OF CEMETERY OR CREMATORY: Woodbine cemetery — LOCATION (City, town, or county) (State): Harrisonburg Va

DATE REC'D BY LOCAL REG. 11-7-51 — REGISTRAR'S SIGNATURE: Mrs Nancy A Fox

24. FUNERAL DIRECTOR — ADDRESS: Joseph R. Durst

RECEIVED
NOV 13 1951
BUREAU V. S.

Within corporate limits

10504

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 1 1/2 hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital	STREET ADDRESS (If rural, give location): R.F.D.#6, Potomac Park

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	C.	Bean	Nov.	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	white	married	Jan. 5-1928	23 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipefitter Helper	B&O.R.Ry.	Cumberland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Otto C Bean	Viola Starrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
yes W.W.II		wife) Nedra Bean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intrathoracic hemorrhage due to punctured	about 2
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) lung from fractured ribs, left side of chest	hours.
823.5 170 c	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway 220 near (CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.	
TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 21/51 12:20 A. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Excessive speed, applied brakes, ran off of road, near Amecelle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.	Cumberland, Md.	Nov. 21-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/24/51	St. Luke's Lutheran	Cumberland, md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 21, 1951	Winter R. Hartz, M.D.	John J. Hofer, Cumb., md.	

574-240 574

VS. A15A

RECEIVED
NOV 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 811 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 811 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Beier

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 22, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 4, 1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): ~~Bavaria~~ Bavaria

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Barthalomew Reitmeier

14. MOTHER'S MAIDEN NAME: Barbara Reisenger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frank X. Beier, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval between onset and death: 1 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 3 yrs

422.2
932

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1951, to Nov. 22, 1951, that I last saw the deceased alive on Nov. 7, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clay F. Smith M.D. ADDRESS: Cumberland DATE SIGNED: 11/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 24, 1951 | NAME OF CEMETERY OR CREMATORY: St. Peter & Pauls Cem. | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 23, 1951 | REGISTRAR'S SIGNATURE: Walter R. Stanz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; MARYLAND; LENGTH OF STAY (in this place) 83 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 Philos Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; STREET ADDRESS (If rural, give location) 110 Philos Ave.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Mae (Last) Wilson Bobo

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 19 51

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct. 8, 1868

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own-Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John L. Spraggs

14. MOTHER'S MAIDEN NAME: Augusta L Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT AND ADDRESS: Florian Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	[redacted]
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73d	(b) Chronic myocardial —	10 hrs.
	(c) arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1951, to 11/3, 1951, that I last saw the deceased alive on 11/3, 1951, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ray Reeves M.D. Westernport Md 11/5/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov. 5, 1951

NAME OF CEMETERY OR CREMATORY: Philos Cem.

LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: Nov 5, 1951

REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: E.S. Boal

ADDRESS: Westernport, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midlothian — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midlothian
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) (Last) BRAIN

4. DATE OF DEATH: (Month) Nov. (Day) 2, (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11-11-1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Cinderford, England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Smith

14. MOTHER'S MAIDEN NAME: Martha Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Earl Brain, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Sclerosis — Interval between onset and death: 1 mo

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19..., to November, 1951, that I last saw the deceased alive on Nov 1, 1951, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE: Wm McLaine MD (Degree or title) — ADDRESS: Frostburg Md — DATE SIGNED: 11-3-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-4-51 — NAME OF CEMETERY OR CREMATORY: Frostburg Mem'l Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 11-3-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10508

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 614 Washington St

3. NAME OF DECEASED (Type or Print) (First) Patrick (Middle) C. (Last) Cain

4. DATE OF DEATH (Month) (Day) (Year) 19 11-2-51

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH June 1, 1871

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Randolph County, W. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Cain

14. MOTHER'S MAIDEN NAME Mary Foyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Miss Mary E. Cain Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 15 hrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe primary anemia — 3 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1946, to Nov. 2, 1951, that I last saw the deceased alive on Oct. 31, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward T. Jones M.D. 110 S. Centre St. Nov. 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 5-51

NAME OF CEMETERY OR CREMATORY Sts Peters & Paul

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov. 5, 1951

REGISTRAR'S SIGNATURE Winter K. Hantz, M.D.

24. FUNERAL DIRECTOR James F. Scarselli

ADDRESS

NOV 15 19[illegible]
BU[illegible]

DR. GROVE
limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

105011

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WEST VIRGINIA — COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PAW PAW
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	M.	CLARK	11	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	9/10/1875	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife	Own home	WEST VIRGINIA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN KESSLER	ELEANOR NORTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio vascular Disease — 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Fracture left femur — 2 mos.
(c) Diabetes Mellitus — 5 yrs.

963.0
186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	home	Paw Paw		W. Va.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
10 - 31 - 51 10 a.m.		Fell in Kitchen

22. I hereby certify that I attended the deceased from 10-31, 1951, to 11-9, 1951, that I last saw the deceased alive on 11-9, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D W Moore	M D	Cumberland Maryland	11-10-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 12, 1951	Camp Hill Cemetery	Paw Paw, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 11, 1951	Walter L. Hanby, M.D.	W. D. Parks, Berkeley Springs, W. Va.	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

2510

Reg. Dist. No. 4

1. PLACE OF DEATH · COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 38 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Sylvester (Middle) Chester (Last) Cooper
4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1951

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan. 1-1916
9. AGE (last birthday): 35 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bellhop
10b. KIND OF BUSINESS OR INDUSTRY: Windsor Hotel
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Wesley Cooper
14. MOTHER'S MAIDEN NAME: Hattie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes W.W.2
16. SOCIAL SECURITY NO.: 214-05-8009
17. INFORMANT AND ADDRESS: brother) John Cooper, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia (left lung) — Interval Between Onset and Death: about 1 week.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

10 8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fatty liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Deming M.D. H. V. Deming M. D., Cumberland, Md. Nov. 20-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 22, 1951
NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 21, 1951
REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.
24. FUNERAL DIRECTOR: John J. Hofer, Cumberland, Md.
ADDRESS

M.D.-82.D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10[illegible] Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 10[illegible] Street

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Lloyd (Last) Cornell
4. DATE OF DEATH (Month) Nov. (Day) 20 (Year) 19 51
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 1, 1[illegible]
9. AGE last birthday [illegible] yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Painter
10b. KIND OF BUSINESS OR INDUSTRY Own Business
11. BIRTHPLACE (State or foreign country) Pennsylvania, U. S.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John B. Cornell
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Miss Ruth E. Cornell, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 10 yrs - ? -

1143 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
93d
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — not known

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/28/46, 19....., to 11/29/51, 19....., that I last saw the deceased alive on 11/29/51, 19....., and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS 10[illegible] Cumberland Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) [illegible]
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. Nov. 30, 1951
REGISTRAR'S SIGNATURE Walter L. Mantz, M.D.
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

5-1111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 45

DEC 5 1951

BU[illegible] V. S.

William Cumberland, Md. 1950 Nancy

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10512

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Dilley St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural give location) 504 Dilley St.

3. NAME OF DECEASED (Type or Print) (First) Dora (Middle) Katherine (Last) Crawford

4. DATE OF DEATH (Month) Nov (Day) 12 (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 29, 1881

9. AGE last birthday 70 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Palo Alto, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Beal

14. MOTHER'S MAIDEN NAME Nancy Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. John Schaffer, 504 Dilley St., Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	8 days
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive cardiovascular disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Nov. 12, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 2:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur Powell M.D. 110 S. Centre St. Nov. 13, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 14, 1951

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. Nov 14, 1951

REGISTRAR'S SIGNATURE Walter K. Harry, M.D.

24. FUNERAL DIRECTOR ADDRESS John J. Hafer, Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10513

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

V8-A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 435 N.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 435 N.Center St.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Adam (Last) Ebert

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar. 22-1885

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief clerk at B&O.R.R.freight office

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): (rural) Connellsville,Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Ebert

14. MOTHER'S MAIDEN NAME: Mary Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 705-05-4486

17. INFORMANT AND ADDRESS: wife) Ida. C.Ebert,City

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

420.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.		Cumberland,Md.	Nov.19-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-20-1951	St. Lukes Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 20, 1951	Winter R. Trantum	Charles L. George	Cumberland, Md.

290568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Paul Wilson

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; LENGTH OF STAY (in this place) 50 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Walnut St; STATE Maryland; COUNTY Allegany

2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport; STREET ADDRESS (If rural, give location) 401 Walnut St.

3. NAME OF DECEASED (Type or Print): (First) OVERTON (Middle) ELLSWORTH (Last) FAZENBAKER

4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jun 9, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright

10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

11. BIRTHPLACE (State or foreign country): Keyser, W. Va.

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: William Fazenbaker

14. MOTHER'S MAIDEN NAME: Lucinda Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-09-0933

17. INFORMANT AND ADDRESS: William Fazenbaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diseases of the coronary arteries and Angina pectoris — Interval between onset and death: 2 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

4420.1 94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1951, to Nov. 9, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at 10:55 p. m., from the causes and on the date stated above.

SIGNATURE: Paul R. Wilson (Degree or title) M.D. ADDRESS: Piedmont W. Va. DATE SIGNED: Nov. 10, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov 12 1951

NAME OF CEMETERY OR CREMATORY: Enlos Cemetery

LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: Nov. 12, 1951

REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: E S Coal, ADDRESS: Westernport, Md.

564401

NOV 14 1951

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10515

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (In this place): 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LARGENT
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) NORMA (Middle) (Last) FITZMAURICE

4. DATE OF DEATH: (Month) NOV. (Day) 8, (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOV. 4, 1925

9. AGE Last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA Morgan County

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ERVIN AMBROSE

14. MOTHER'S MAIDEN NAME: Sadie ~~SAYRE~~ McKEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tetralogy of Fallot	26 yrs.
7540 157e	(c) (10 days post Caesarian Section)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 28, 1951

19b. MAJOR FINDINGS OF OPERATION: Term dead fetus

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Nov. 8, 1951, that I last saw the deceased alive on Nov. 7, 1951, and that death occurred at 2:25 A m., from the causes and on the date stated above.

SIGNATURE: W. Royce Hodges, M.D. (Degree or title) — ADDRESS: Cumberland, Md. — DATE SIGNED: 11/8/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 11, 1951	Evergreen Memorial Baptist Cem	Largent,	West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 9, 1951	Winston L. Mann, M.D.	W. D. Parker	Berkeley Springs, W. Va.

RECEIVED
NOV. 15 1951
BUREAU V. S.

DR. GROVE

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 912 GAY STREET

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) M. (Last) FOSTER

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 5/14/1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook in Hotel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HARRY C. REGER

14. MOTHER'S MAIDEN NAME: MARY E. VILLARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-05-7919

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis with uremia arteriosclerotic Heart disease	6 months ?
	(c) Hem. arteriosclerosis Uraemia retentiva	? ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to 19 Nov., 1951, that I last saw the deceased alive on 19 Nov., 1951, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Vh Orsa (Degree or title) ADDRESS: Cumberland, Md. DATE SIGNED: 20 Nov. 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 21 1951
NAME OF CEMETERY OR CREMATORY: St. Lukes Cemetery
LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Nov. 21, 1951
REGISTRAR'S SIGNATURE: Wm. L. Kantz, M.D.
24. FUNERAL DIRECTOR: Louis Stein Inc. ADDRESS: Cumberland, Md

7511 82

Within corporate limits

DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10517

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
STREET ADDRESS (If rural, give location) 1014 VIRGINIA AVE.,

3. NAME OF DECEASED (Type or Print): [redacted], (First) EDITH I. [redacted], (Middle) , (Last) Furr

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 2-7-1891

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: HUGG, WILLIAM

14. MOTHER'S MAIDEN NAME: CRABTREE, MARGARET

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Persistent Vomiting 3 wks duration

(c) Dehydration Severe

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov, 19 51, to 11 Nov, 19 51, that I last saw the deceased alive on 11 Nov, 19 51 and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fuller B. Whitworth — ADDRESS — DATE SIGNED 12 Nov 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 14 1951 | NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery | LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Nov. 14 1951 | REGISTRAR'S SIGNATURE: Hunter Sr. Dent, M.D.

24. FUNERAL DIRECTOR: William H. Kight, — ADDRESS: Cumberland, Md.

VS-A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10518

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 609 Piedmont Ave.,

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) THEODORE (Last) GEORGE
4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 19 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/1/1879
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Supt. of Water
10b. KIND OF BUSINESS OR INDUSTRY: City of Cumb.
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jacob D. George
14. MOTHER'S MAIDEN NAME: Margaret Wineow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Agnes George Cumb. Md. (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 12 hrs
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — not known
440 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) Cumberland (COUNTY) Alleg., (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29/51, 19..., to 11/29/51, 19..., that I last saw the deceased alive on 11/29/51, 19..., and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
R. H. Williams M.D. Cumberland 12/1/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/3/51 — NAME OF CEMETERY OR CREMATORY: S. S. Peter & Pauls — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 4 1951 — REGISTRAR'S SIGNATURE: Winter K. Beatty, M.D.
24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumb. Md.

VS. A-15

DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10557

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 2HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 349½ BEDFORD ST.

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) GIRL (Last) HANDLEY

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11/5/1951

9. AGE last birthday: yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND Cumberland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PHILIP HANDLEY

14. MOTHER'S MAIDEN NAME: LOIS E. MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fetal lack of development — Interval between onset and death: 2hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

779.0
P7 m

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Nov, 1951, to 5 Nov, 1951, that I last saw the deceased alive on 5 Nov, 1951, and that death occurred at 8:30A. Mm., from the causes and on the date stated above.

SIGNATURE: Leland D Carson (Degree or title) MD ADDRESS: 63 Greene St Cumberland DATE SIGNED: 6 Nov 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 6 51 | NAME OF CEMETERY OR CREMATORY: St Lukes Cem | LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Nov. 6, 1951 | REGISTRAR'S SIGNATURE: Virginia R. Frantz, M.D. | 24. FUNERAL DIRECTOR: Lonie Stem Inc ADDRESS: Cumberland Md

Steen

NOV 15 19
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1520

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural) Cumberland
STREET ADDRESS (If rural, give location): R.F.D.#3 Mt.Pleasant road.

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) W. (Last) Harper

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan.13-1907

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Laborer)

10b. KIND OF BUSINESS OR INDUSTRY: Father's farm

11. BIRTHPLACE (State or foreign country): Seymour, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John S.Harper

14. MOTHER'S MAIDEN NAME: Emma Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Memorial Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Macerated brain & intracranial hemorrhage — Interval Between Onset and Death: 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) also fractured skull, left side (explosive type)

(c) due to a 22 caliber rifle bullet, wound near center of forehead and lodged in brain.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

near (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov.17/51 4.30 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒*

HOW DID INJURY OCCUR? All evidence leads to suicide.(tentative)

22. *I certify that I took charge of the remains described above, held an Autopsy *☐, Inspection *☐, Inquiry *☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide *☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland,Md. Nov 23-1951

23. BURIAL, CREMATION, REMOVAL (Strike out): Burial

DATE THEREOF: 11-25-1951

NAME OF CEMETERY OR CREMATORY: Hill Crest Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov.24, 1951

REGISTRAR'S SIGNATURE: Walter K. Dantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Charles L. George Cumberland,Md.

VS-A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 4 Taylor St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Margaret	(Niner)	Harris	Nov	24	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	2-19-1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chris Niner	Christina Krumm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
[redacted]	none	Wm. Harris, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	36 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	6 mo
420.1	(c) Hypertension	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1948, 19..., to Nov. 24, 1951, that I last saw the deceased alive on Nov. 24, 19 51, and that death occurred at 11:50A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W O McLane MD		Frostburg Md	11-24-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-26-1951	St. Michael's Cemetery	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-24-51	Mrs. Nancy A. Roe	J. R. Durst	Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1529

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Paca St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
STREET ADDRESS (If rural, give location) 203 Paca St.,

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Boyer (Last) Hoch

4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 20, 1878

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Hardy Co. W. Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jacob Mongold

14. MOTHER'S MAIDEN NAME: Martha Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Frank Paugh Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from Bowels — 12 hrs

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Bowels — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged Carcinomatous — Bowels

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 1951, to Nov 28 1951, that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 6 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. Wm. G. Kenny MD Cumberland Md Nov 27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/30/51

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 29, 1951

REGISTRAR'S SIGNATURE: Winter R. Lantz, M.D.

24. FUNERAL DIRECTOR: H. Wayne George — ADDRESS: Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — STREET ADDRESS (If rural, give location): 302 Columbia St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jo (Last) Hockman

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 19, 1896

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Rest. Bar

11. BIRTHPLACE (State or foreign country): Hoffman, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Brode

14. MOTHER'S MAIDEN NAME: Ella Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-22-5598

17. INFORMANT AND ADDRESS: Angela Brode, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary infarction, acute

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial infarction

240 (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1951, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. Ralph Lodi, M.D. 202 Va. Ave Cumberland, Md. Nov 15, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 20, 1951 — NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 19, 1951 — REGISTRAR'S SIGNATURE: Wm. L. Hardy, M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J. Hofer, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11521

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 42 W. College Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 42 W. College Ave.

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) DALE (Last) HUNTER

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 12-22-1895

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): employed in maintenance dept.

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hunter

14. MOTHER'S MAIDEN NAME: Henrietta Michael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-07-2908

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Williams, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	Years
	(c)	

4201
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to 15 Nov, 1951, that I last saw the deceased alive on 15 Nov, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE: John B. Davis, MD (Degree or title) ADDRESS: Frostburg Md DATE SIGNED: 11/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-18-1951

NAME OF CEMETERY OR CREMATORY: Johnson Cemetery

LOCATION (City, town, or county) (State): Rural, Frosburg, Md.

DATE REC'D BY LOCAL REG.: 11-17-51

REGISTRAR'S SIGNATURE: Mrs. Nancy H Roe

24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 18 da.; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Near Cumberland, Rural; STREET ADDRESS (If rural, give location) Box 4 Rt. 6, Narrows Park

3. NAME OF DECEASED (Type or Print): (First) Gary (Middle) Edward (Last) Killander

4. DATE OF DEATH: (Month) Nov (Day) 3 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/24/51

9. AGE: Last birthday [illegible] yrs.; If under 1 year: Months, Days 10; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Frederick Killander

14. MOTHER'S MAIDEN NAME: Virgina Propst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Frederick Killander, Rt. # 6 Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774 / 159

Immediate cause (a) Atelectasis of respiratory gland; debility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) prematurity

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/28, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 1130 P m., from the causes and on the date stated above.

SIGNATURE Elizabeth Krupp (Degree or title) M.D. ADDRESS 55 Greene St. DATE SIGNED 11/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/5/51; NAME OF CEMETERY OR CREMATORY SS. Peter & Paul's; LOCATION (City, town, or county) Cumberland (State) Maryland

DATE REC'D BY LOCAL REG. Nov 5, 1951; REGISTRAR'S SIGNATURE Winter R. Hanby, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland Md.

NOV 15 1951

BUREAU U. S.

DR. DAUGHERTY

Within corporate limit.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 149 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 335 CENTRAL AVENUE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	E.	KLOSTERMAN	11	24	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	DIVORCED	3/11/1888	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Own Business	CUMBERLAND, MARYLAND	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CALVIN C. KLOSTERMAN	ELIZABETH STARAER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	214-05-6625	MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Squamous cell carcinoma of tongue	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

141X
-51-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-10-51	Squamous Cell Carcinoma of Tongue	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 20, 19 50, to Nov 24, 19 51, that I last saw the deceased alive on 11/27/51, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. R. Meyers M.D. — ADDRESS: Cumberland Md — DATE SIGNED: 11/26/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 27, 1951	St. Peter & Paul's Cemetery	Cumberland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 26, 1951	Winter R. Hartz, M.D.	John J. Hafer	Cumberland Md.

Dr. Schindler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: ALLEGANY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Maryland
LENGTH OF STAY (in this place): 84 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 403 Fayette Cumberland, Maryland

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) Estelle (Last) KUHN

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1-15-1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wellersburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Adam Trimble

14. MOTHER'S MAIDEN NAME: Mary Brinham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Henry Kuhn 816 Memorial Ave., Cumb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Block	3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C.V. Disease	years
	(c)	

4/45 X 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 51, to 11/11, 19 51, that I last saw the deceased alive on 11/11, 19 51, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE: B. M. Schindler (Degree or title) M.D. ADDRESS: 41 Greene St, Cumberland Md. DATE SIGNED: 11/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/14/51 | NAME OF CEMETERY OR CREMATORY: St. Lukes Cem. | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 13, 1951 | REGISTRAR'S SIGNATURE: Winter K. Franz, M.D.

24. FUNERAL DIRECTOR: H. Wayne George ADDRESS: Cumberland, Md.

VS.A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) Henkemp

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	B.	Laird	11	16	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	3-15-73	78 yrs.	8	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland Lonaconing
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Mason
14. MOTHER'S MAIDEN NAME: Mary Baley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Douglas Waddell (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Infirmaties of old Age — 2 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) M&A 162b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1951, to Nov. 16, 1951, that I last saw the deceased alive on Nov. 15, 1951, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M.D.	110 S. Centre St.	Nov. 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1951	Frostburg Memorial Park	Frostburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 16, 1951	Miles K. Mantz, M.D.	M. Eichhorn, Lonaconing	"

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

1. PLACE OF DEATH
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 205 Spring St.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Lydia (Last) Lease

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29, 1903

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Needmore, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Simon Parker

14. MOTHER'S MAIDEN NAME: Sally Frye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wilbert G. Lease

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, of cervix, far advanced — Interval between onset and death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

171 X
482

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Jan 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of cx grade II

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Nov 13, 1951, that I last saw the deceased alive on Nov 12, 1951 and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 115 S. Centre St. — DATE SIGNED: 11-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 15, 1951 — NAME OF CEMETERY OR CREMATORY: Mineral Baptist Cemetery — LOCATION (City, town, or county) (State): near Keyser, W. Va.

DATE REC'D BY LOCAL REG.: Nov 15, 1951 — REGISTRAR'S SIGNATURE: Hunter R. Trantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: John J. Hafer, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

2530

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH — COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R#3, Keyser, W. Va.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darville
STREET ADDRESS (If rural, give location): R#3, Keyser, W. Va.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elemuel	Mitchell	Lipscomb	Nov.	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 2, 1856	95 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired farmer		Rowlesburg, W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Lipscomb	Sarah Frances Judy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Dove Nestor, Darville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, Hypostatic	Nov. 4 to 11-51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis; Mtl. failure	
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Nov 11, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Hoffman MD — ADDRESS: Keyser W Va — DATE SIGNED: Nov. 12, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-14-51	Fairview Cemetery	St. George W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 15, 1951	Mrs Jane C. Kelly	Rogers Funeral Home	Keyser, W.Va.

100105

MARYLAND STATE DEPARTMENT OF HEALTH

16531

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural (Cumberland); LENGTH OF STAY (In this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.#5 Winchester Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural (Cumberland)
STREET ADDRESS (If rural, give location): R.F.D. #5 Winchester Rd.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Long
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower
8. DATE OF BIRTH: Feb.5-1864
9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired plumber
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 220-10-[illegible]64
17. INFORMANT AND ADDRESS: George.R.Long(son)Cumberland,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure due to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 926.0 — 452

(b) Cardio-vascular-renal disease also — several yrs.

(c) fractured right femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY* OR CONTRIBUTING* CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
near (CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct.15/51-7 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? arose from chair twisted body causing fracture of right femur, bedfast since then.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V. Deming M.D. Cumberland,Md. Nov.24-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11-27-51
NAME OF CEMETERY OR CREMATORY: Mt. Herman Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 26, 1951
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: H. Wayne George — ADDRESS: Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

32

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 5

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 30 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 10 Pear Street

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Lowery

4. DATE OF DEATH: (Month) Nov. (Day) 14, 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Nov. 14, 1951

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence E. Lowery

14. MOTHER'S MAIDEN NAME: Betty Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: C. E. Lowery, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) anencephalic monster — 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congenital malformation — 9 months

750 X
157 C

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14-, 1951, to 11-14-, 1951, that I last saw the deceased alive on 11-14-, 1951, and that death occurred at 2:30 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: 5 Bruce St. — DATE SIGNED: 11-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 16, 1951 — NAME OF CEMETERY OR CREMATORY: Methodist Cemetery — LOCATION (City, town, or county) (State): Mt. Savage, Maryland

DATE REC'D BY LOCAL REG. Nov. 16, 1951 — REGISTRAR'S SIGNATURE: Walter E. Wantz, M.D. — 24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

Within corporate limits

L. Burlington

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1953

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-415

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 610 Washington

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) (Last) McDonald

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 19[illegible]

5. SEX: Ferale

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-10-1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Frederick Co. Va.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: William L. McDonald

14. MOTHER'S MAIDEN NAME: Mollie Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Roy DuVall Winchester, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) apoplectic stroke — Interval Between Onset and Death: 3 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis — 2 yrs.

(c)

334 / 632

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1957, to 11-11, 1957, that I last saw the deceased alive on 11-10-, 1957, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. MD 5 Maxwell Pl. 11-11-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-13-1957 — NAME OF CEMETERY OR CREMATORY: Mt. Hebron Cem. — LOCATION (City, town, or county) (State): Winchester, Va.

DATE REC'D BY LOCAL REG.: Nov. 10, 1957 — REGISTRAR'S SIGNATURE: Walter K. Hank, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

09388

NOV 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) RD. #3 Meyersdale
STREET ADDRESS (If rural, give location) Greenville Twp.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) E. (Last) McKenzie
4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-10-1897
9. AGE last birthday: 54 yrs. — If under 1 year: Months 10, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Semi-retired Storekeeper-farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Somerset Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McKenzie
14. MOTHER'S MAIDEN NAME: Amanda Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: —
17. INFORMANT: John Kenzie, Meyersdale, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Oct 2 1957
331X Antecedent cause(s)	(b) Left Hemiplegia	
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Several years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1957, to Nov 25, 1957, that I last saw the deceased alive on Nov 24, 1957, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE: W. McLane M.D. (Degree or title) — ADDRESS: Frostburg Md — DATE SIGNED: 11-25-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-28-57 — NAME OF CEMETERY OR CREMATORY: White Oak — LOCATION (City, town, or county) (State): RD #1 Sand Patch, Pa.

DATE REC'D BY LOCAL REG. 11-25-57 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

24. FUNERAL DIRECTOR: H. R. Kondaus — ADDRESS: Meyersdale, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1535

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (In this place) 2 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart Mines; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mabel; (Middle) E.; (Last) McMillan

4. DATE OF DEATH: (Month) November; (Day) 22; (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 16, 1873

9. AGE last birthday: 78 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Accounting Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Md. Inheritance Office

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Feldman

14. MOTHER'S MAIDEN NAME: Mary Farley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Gillian Feldman, Eckhart, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro vascular accident — Interval between onset and death: 1 month

331 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/21, 1951, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Brown M.D. Cumberland Md 11/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-24-51

NAME OF CEMETERY OR CREMATORY: St Michaels

LOCATION (City, town, or county) (State): Frostburg Md

DATE REC'D BY LOCAL REG.: Nov. 23, 1951

REGISTRAR'S SIGNATURE: Winter K. Beatty, M.D.

21. FUNERAL DIRECTOR: J. P. Quest

ADDRESS: Frostburg Md

2 OK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 5

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: plainly write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
LENGTH OF STAY (In this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WEST VIRGINIA COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILEY FORD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) D. (Last) METZ

4. DATE OF DEATH: (Month) NOV. (Day) 24 (Year) 19 51

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: 6/27/1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE W. METZ

14. MOTHER'S MAIDEN NAME: MARY A. HOLSINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs.
422.1 93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 19 51, to Nov 23, 19 51, that I last saw the deceased alive on Nov. 23, 19 51, and that death occurred at 8:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. F. James Jr. M.D. Cumberland 11/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 26, 1951 | NAME OF CEMETERY OR CREMATORY: Zion Memorial Cem | LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Nov. 26, 1951 | REGISTRAR'S SIGNATURE: Winston K. Hanby, M.D. | 24. FUNERAL DIRECTOR: John J. Hafer | ADDRESS: Cumberland Md.

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 71yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 718 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 718 Washington St.

3. NAME OF DECEASED (Type or Print): (First) Randolph (Middle) Millholland (Last) Sr.

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 6 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Millholland

14. MOTHER'S MAIDEN NAME: Virginia Kime

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Randolph Millholland Jr. Cumb'd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio Vascular Renal

(c) Disease

INTERVAL BETWEEN ONSET AND DEATH: Short

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3-; 19 49 to 11-6-, 19 51, that I last saw the deceased alive on 11-2-, 19 51 and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE Wm. J. Weimer (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 11-8-51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Nov 9 '51

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem

LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG. Nov. 9, 1951

REGISTRAR'S SIGNATURE: Walter K. Mantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc. ADDRESS: Cumberland

VS.-A15

24

NOV 15
BUREAU OF S

DR. A. JONES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: ALLEGANY; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD; LENGTH OF STAY (In this place): 1 DAY; HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 213 WASHINGTON ST; STREET ADDRESS (If rural, give location): CUMBERLAND,

3. NAME OF DECEASED (Type or Print): (First) ETHELWYN (Middle) FLEMING (Last) MOFFATT

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 4/10/1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JAMES E. MOFFATT

14. MOTHER'S MAIDEN NAME: Mary JAMESON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	3½ hrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	5 Yrs
	(c)	

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1947, to Nov. 3, 1951, that I last saw the deceased alive on Nov. 3, 1951, and that death occurred at 11:40 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M.D.	110 S. Centre St.	11-5-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 5, 1951	Rose Hill Cem.	Cumberland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 5, 1951	Lemuel K. Frantz, M.D.	Charles L. George	Cumberland, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 15 1951

10539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Luke; LENGTH OF STAY (in this place) 25 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Mullen Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Luke; STREET ADDRESS (If rural, give location) 14 Mullen Ave.

3. NAME OF DECEASED (Type or Print): (First) Hazel May (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 3, 1895

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank McCombs

14. MOTHER'S MAIDEN NAME: Katherine Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edward Morgan, Luke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	one hour
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis and Hypertension	5 Years
	(c)	

331X 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 Years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1947, to Nov 8, 1951, that I last saw the deceased alive on Nov. 8, 1951, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul R Wilson M.D. Piedmont W.Va. Nov. 9, 1951

23. BURIAL, CREMATION REMOVAL: (Specify) Burial; DATE THEREOF 11/11/51; NAME OF CEMETERY OR CREMATORY Philos Cemetery; LOCATION (City, town, or county) (State) Westernport, Md.

DATE REC'D BY LOCAL REG. Nov 10, 1951; REGISTRAR'S SIGNATURE Mrs Jewel Kelly

24. FUNERAL DIRECTOR ADDRESS: Ellsworth S. Boal, Westernport, Md.

NOV 14 1951
BUREAU V. S.

Within corporate limits

Item 18 Film G'4: 3-3 -52 a

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (in this place): 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital	STREET ADDRESS (If rural, give location): 476 Baltimore Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Violet	Leona	Mooney	Nov.	26	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
female	white	married	Aug. 13-1922	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress	Restaurant	Old Town, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Robinette	Amy J. Wilson ********** Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	216-18-1130	Michael A. Mooney (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Undetermined at the present time.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) waiting for autopsy report.

(1) Coma (2)

(c) Probable - Diabetic coma due to diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.		Cumberland, Md.	Nov. 26-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/30/51	Trinity Lutheran	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 29, 1951	Winter R. Frantz, M.D.	H. Wayne George	Cumberland, Md.

VS-A13A

4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 46 E. College Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 46 E. College Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) LESLIE (Last) MUIR

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-15-1906

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tire inspector

10b. KIND OF BUSINESS OR INDUSTRY: Kelly-Spgfd.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Muir

14. MOTHER'S MAIDEN NAME: Agnes Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-0733

17. INFORMANT AND ADDRESS: Mrs. Rachel Muir, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-vascular Renal disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Nov., 1951, to 15 Nov., 1951, that I last saw the deceased alive on 15 Nov., 1951, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Davis, M.D. Frostburg, Md. 11/16/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-18-1951

NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 11-19-51

REGISTRAR'S SIGNATURE: Mrs. Harvey N. Roe

24. FUNERAL DIRECTOR ADDRESS: J. R. Durst, Frostburg, Md.

10542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, Rural; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cash Valley Rd., R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland Rural; STREET ADDRESS (If rural, give location) Cash Valley Rd, R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Muir

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 26 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James S. Muir

14. MOTHER'S MAIDEN NAME: Mary Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John Muir, City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Obstruction of bronchus — Interval between onset and death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, questioned — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, questioned — 1 year

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1951, to 1-20, 1951, that I last saw the deceased alive on 1-20, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE J. Johnson (Degree or title) M.D. ADDRESS Cumberland Md. DATE SIGNED 11-23-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 26 1951

NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. Nov 24, 1951

REGISTRAR'S SIGNATURE Walter R. Mantz, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumberland

VS-A 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (In this place) 37 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Myers

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 19. 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June, 24. 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjiman Shaver

14. MOTHER'S MAIDEN NAME: Elizabeth Cassety

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leona Myers (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-Pneumonia (Terminal)	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardio Vas. Cular-renal disease	2 yrs
442X 131a	(c) Uremia	1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Nov 19, 1951, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Norman Reaves, M.D | Westernport Md | 11/21/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 22. 1951 | NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park. | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. Nov. 22 1951 | REGISTRAR'S SIGNATURE: Jeannette M Goal | 24. FUNERAL DIRECTOR: M. Eichhorn | ADDRESS: Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 6 1951
BUREAU V. S.

Within corporate limits

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (in this place) 1 DAY; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; STREET ADDRESS (If rural, give location) 433 SEYMOUR STREET

3. NAME OF DECEASED (Type or Print): (First) VIOLET (Middle) (Last) MYERS

4. DATE OF DEATH: (Month) NOV. (Day) 2, (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 17, 1905

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM GRIFFITH

14. MOTHER'S MAIDEN NAME: CATHERINE HARTIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset and Death: 7 years?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral stenosis & Insufficiency — ?

(c) Aortic stenosis — ?

410 X 93 n.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia Intermittent — 2

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 19[illegible], to 11/2, 19 51, that I last saw the deceased alive on 11/1, 19 51, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD 80 Bradley Rd 11/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 5 1951 | NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery | LOCATION (City, town, or county) (State): Cumberland, Maryland

DATE REC'D BY LOCAL REG.: Nov. 5, 1951 | REGISTRAR'S SIGNATURE: Winter K. Wantz, M.D. | 24. FUNERAL DIRECTOR: John J. Hafer, Cumberland | ADDRESS

NOV 15 19

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10545

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (In this place): 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 417 Springdale St.	STREET ADDRESS (If rural, give location): 417 Springdale St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ella	Rebecca	Nixon	Nov. 10 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
female	white	Widow	Sept. 27-1874	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Slanesville, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse Arnold	- Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	417 Springdale St. Robt. D. Nixon, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion due to	1/2 hr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis also had arteriosclerosis ?	
(c) with hypertention, asthma & large cystic goiter.	

420.1
940

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.	Cumberland, Md.	Nov. 10-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1951	Davis Memorial Cemetery	Cumberland Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 10, 1951	Walter K. Hanly, M.D.	John J. Hafer	Cumberland Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10546

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wellersburg — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wellersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nina (Middle) Alta (Last) O'Baker

4. DATE OF DEATH: (Month) (Day) (Year) 11.14.1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan.9,1898

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Ellerslie, Md..

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Emanuel Lowery

14. MOTHER'S MAIDEN NAME: Sarah Witt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Gilbert O'Baker Wellersburg, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Dilatation Heart. Mitral Regurgitation — Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Vascular Hypertension — Several Years
(c) Cerebral Hemorrhage. Rt. Hemiplegia. — 1 Week

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulo Nephritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1951, to 11-14, 1951, that I last saw the deceased alive on 11-14, 1951, and that death occurred at 7:45P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William E. Moseley — Mt Savage Md. — November 16-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov.18,1951 — NAME OF CEMETERY OR CREMATORY: Wellersburg Reformed — LOCATION (City, town, or county) (State): Wellersburg, Pa.

DATE REC'D BY LOCAL REG. 11-16-1951 — REGISTRAR'S SIGNATURE: Veronica McTeirnult

24. FUNERAL DIRECTOR ADDRESS: Harvey H. Zeigler, Hyndman, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 139 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Florence (Last) Patterson

4. DATE OF DEATH: (Month) Nov. (Day) 5, (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 4-12-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Amity, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Kalley

14. MOTHER'S MAIDEN NAME: Sarah Clatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Phillip Zimmerman Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Apoplexy	86 days
	(c)	

334X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-51, 19....., to 11-5-51, 19....., that I last saw the deceased alive on 11-4-51, 19....., and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O. L. Zimmerman M.D. Cumberland Md. 11-5-51

23. BURIAL, CREMATION REMOVAL? (Specify): Burial

DATE THEREOF: 11-7-1951

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 6, 1951

REGISTRAR'S SIGNATURE: Charles K. Franke, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

VS. A-5

NOV 15 19 1
BUREAU

DR. VAN ORMER

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY ALLEGANY — STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 7 DAYS HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND — COUNTY ALLEGANY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, Rural STREET ADDRESS (If rural, give location) ROUTE # 2, CREEK ROAD

3. NAME OF DECEASED (Type or Print)	4. DATE OF DEATH	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
(First) CORA (Middle) V. (Last) RICKER	(Month) NOV. (Day) 3, (Year) 19 51	FEMALE	WHITE	SEPARATED	4/30/1893	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	Own House	WEST VIRGINIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN DUNLAP	JOEANNA JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None.	MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Post Cerebral Thrombosis	
252.1 / 63 b	(c) Senile Thyroid Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 1 1951	Cystic adenoma Thyroid	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 27, 1951, to Nov 3, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 5:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Cumberland, Md	Nov 11/31 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov 5 1951	St. Luke's Cemetery	Cumberland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 5, 1951	Wm. K. Hantz, M.D.	[illegible]	Cumberland, Md

VS. A15

NOV 15 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10549

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; MARYLAND; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS ALLEGANY-HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; STREET ADDRESS (If rural give location) 720-LAFAYETTE-AVE

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) M (Last) RINGLER

4. DATE OF DEATH: (Month) NOV. (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 16-1915

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Was HOME

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE

11. BIRTHPLACE (State or foreign country): SOMERSET-CO PA.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: DAVID-MILLER

14. MOTHER'S MAIDEN NAME: ADDIE-SCHROCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Allegany Hospital Mr. & Mrs. C.H.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	congestive heart failure	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	thrombus - pulmonary artery	5 days
(c)	appendicitis	5 days

531X

121

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-10-51

19b. MAJOR FINDINGS OF OPERATION: appendicitis

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-, 1951 to 11-15, 1951, that I last saw the deceased alive on 11-15-, 1951, and that death occurred at 5 30 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS 57 Bruce St. DATE SIGNED 11-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: Nov. 18, 1951

NAME OF CEMETERY OR ~~CREMATORY~~: SALISBURY-I.O.O.F. CEMETERY

LOCATION (City, town, or county) (State): SALISBURY-SOMERSET CO. PA.

DATE REC'D BY LOCAL REG.: Nov. 15, 1951

REGISTRAR'S SIGNATURE: Walter R. Manley M.D.

24. FUNERAL DIRECTOR: Stanley M. Thomas ADDRESS Salisbury Pa.

VS-A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 849 Mt. Royal Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Laryland COUNTY: Alleg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 2 849 Mt. Royal Avenue

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) Marie (Last) Ritchey

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25 1895

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Greenberry Twigg

14. MOTHER'S MAIDEN NAME: Isabelle Blumstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Frances Summers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: sudden

331K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-19, 19 39, to 11-22-, 19 51, that I last saw the deceased alive on 11-22-, 19 51, and that death occurred at 12:50P m., from the causes and on the date stated above.

SIGNATURE: C C Summerman (Degree or title): MD ADDRESS: 105 S. Centre St. DATE SIGNED: 11-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Nov. 24, 1951 NAME OF CEMETERY OR CREMATORY: Rose Hill LOCATION (City, town, or county): Cumberland (State): Md

DATE REC'D BY LOCAL REG.: Nov 24 1951 REGISTRAR'S SIGNATURE: Wintie K. Hartz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc ADDRESS: Cumberland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport; LENGTH OF STAY (in this place) 74 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Popular St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND Md.; COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport; STREET ADDRESS (If rural, give location) 109 Popular St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Louise (Last) Schell

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 25, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Schell

14. MOTHER'S MAIDEN NAME: Frederica Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Ernest Schell-Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset and Death: ?

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming, M.D. H.V. Deming M.D. Cumberland, Md. 11/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/23/51 — NAME OF CEMETERY OR CREMATORY Fikton Cem. — LOCATION (City, town, or county) Westernport (State) Md.

DATE REC'D BY LOCAL REG. Nov 23, 1951 — REGISTRAR'S SIGNATURE Mrs Jean C. Kelly

24. FUNERAL DIRECTOR Ellsworth S. Doal — ADDRESS

VS-A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg | LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vale Summit
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELEANOR (Middle) (Last) SCOTT
4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 19 51
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 9-8-1903
9. AGE last birthday: 48 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Vale Summit, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Price Loar
14. MOTHER'S MAIDEN NAME: Jean Sleeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Percy Scott, Vale Summit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) pulmonary hemorrhage — 5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) congestive heart failure — 3 years
434.1 / 106.1 (c) bronchiectasis — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to 11-4, 19 51, that I last saw the deceased alive on 11-4, 19 51, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE: H. Wolferman (Degree or title) M.D. ADDRESS: Frostburg DATE SIGNED: 11-6-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-7-1951 | NAME OF CEMETERY OR CREMATORY: Methodist Cemetery | LOCATION (City, town, or county) (State): Vale Summit, Md.

DATE REC'D BY LOCAL REG. 11-7-51 | REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe | 24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

[illegible]
[illegible] 13 1871
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 105 [illegible] 707

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown; MARYLAND; LENGTH OF STAY (In this place): 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cresaptown; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Phillip	Harry	Shaffer	Nov.	11	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	Widower	Feb.23-1877	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired, janitor, Fort	Cumberland, Hotel	Confluence, Pa.	U.S.A.

13. FATHER'S NAME: George Shaffer

14. MOTHER'S MAIDEN NAME: Elizabeth Aaron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	214-05-5853	May Meese, Triple Lakes, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 422.2 932	(b) Chronic myocarditis	about 1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.	Cumberland, Md.	Nov.12-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov.15,1951	Zion Memorial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/14/51	M.D. Summers	William H. Kight	Cumberland, Md.

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VS. A15A

Within corpo

Dr. Simmons

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 611 Montreal Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Shields

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-27-1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Little Orleans, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward H. Shields

14. MOTHER'S MAIDEN NAME: Mary Fahey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-9537

17. INFORMANT AND ADDRESS: Mrs. Susan Spicer Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 days

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

14a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1951, to Nov 2, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE George M Simmons (Degree or title) M.D. ADDRESS 128 Bryan St Cumberland Md DATE SIGNED 11/6/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-7-1951

NAME OF CEMETERY OR CREMATORY St. Mary's Cem.

LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 6, 1951

REGISTRAR'S SIGNATURE Minnie K. Hantz M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

VS-A 16

NOV 15 19[illegible]
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1955

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
LENGTH OF STAY (In this place): 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calla Hill

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural, give location): Calla Hill

3. NAME OF DECEASED (Type or Print): (First) Lyda (Middle) C. (Last) Smith

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: April 13-1897

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles W. Sigler

14. MOTHER'S MAIDEN NAME: Edith Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: daughter) Mary Keel, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage (apoplexy)

331.V **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis with hypertention — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D.	H.V. Deming M.D.	Cumberland, Md.	Nov. 26- 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-29-1951	St. Patrick's Cemetery	Mt. Savage, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-28-1951	Vernon M. Wenner	Jacob Hafer	Frost [illegible]

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland | LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 50 Westernport Ave

3. NAME OF DECEASED (Type or Print): (First) Terence (Middle) C. (Last) Cridel
4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 19 51
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 17, 1877
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry J. Bloyer
14. MOTHER'S MAIDEN NAME: Ruth Harper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: [illegible] 50 Westernport Ave. Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis;	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis;	Not known
	(c)	

422.1 / 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus; — Not known

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11/51, 19..., to 11/29/51, 19..., that I last saw the deceased alive on 11/28/51, 19..., and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: R. Williams (Degree or title) MD ADDRESS: Cumberland DATE SIGNED: Md.

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] | DATE THEREOF: Dec. 1, 51 | NAME OF CEMETERY OR CREMATORY: Willowcrest | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Nov. 30, 1951 | REGISTRAR'S SIGNATURE: Wendell R. Hartz, M.D.

24. FUNERAL DIRECTOR: J. & F. Scarpelli | ADDRESS: Cumb. Md.

VS-A15

RECEIVED
D.C.
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 184 Wineow St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 184 Wineow St.

3. NAME OF DECEASED (Type or Print): (First) Joshua (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1951

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Feb. 15-1889

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Wolf's Meat Market

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Henry Taylor

14. MOTHER'S MAIDEN NAME: Jane Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 220-03-7787

17. INFORMANT AND ADDRESS: Walter Lowe (nephew) Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis also had	?
	(c) arteriosclerosis & Arthritis deformans	5 yrs

422.1
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Nov. 10-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov 12 1951
NAME OF CEMETERY OR CREMATORY: Summer Cemetery
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Nov 12, 1951
REGISTRAR'S SIGNATURE: Mildred L. Lantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

6

Within corporate limits

DR. W.F.WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10554

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONACONING, MARYLAND
STREET ADDRESS (If rural, give location) MAIN STREET

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) J. (Last) TERNENT

4. DATE OF DEATH: (Month) NOV. (Day) 8, (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 20, 1882

9. AGE Last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Coal Store

11. BIRTHPLACE (State or foreign country): MARYLAND, Lonaconing

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE TERNENT

14. MOTHER'S MAIDEN NAME: JEANETTE DARNLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 284-01-5569

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease ?

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

4nd (c) Emphysema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1951, to 11-8, 1951, that I last saw the deceased alive on 11-7, 1951, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE: W.F. Williams (Degree or title) M.D. ADDRESS Cumberland DATE SIGNED 11-8-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 10, 1951 — NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery — LOCATION (City, town, or county) (State) Lonaconing, Maryland

DATE REC'D BY LOCAL REG. Nov. 9, 1951 — REGISTRAR'S SIGNATURE Winter L. Hantz, M.D. — 24. FUNERAL DIRECTOR M. Eckhart — ADDRESS Lonaconing, Maryland

NOV 15 1
B U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural): Cumberland; HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.# 1, LaVale; MARYLAND; LENGTH OF STAY (this place): 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural): Cumberland; STREET ADDRESS (If rural, give location): R.F.D.# 1, LaVale

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Sprigg (Last) Tower

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 10-1901

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. La Vale Tourist Court.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Tower

14. MOTHER'S MAIDEN NAME: Carrie Sprigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: wife) Alverda Swartzwelder Tower

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	at once
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	about 1 year.
	(c)	

420.1
94a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H. V. Deming M.D. Cumberland, Md. Nov. 21-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/24/51 | NAME OF CEMETERY OR CREMATORY: Oakland Cem. | LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. Nov 23 1951 | REGISTRAR'S SIGNATURE: Winter K. Frantz M.D.

24. FUNERAL DIRECTOR ADDRESS: H. Wayne George Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (In this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Jackson St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location) 33 Jackson St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Trenum

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 16, 69

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Luther Spurling

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James L. Trenum Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	20 yrs
	(c)	

332X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Nov 6, 1951, that I last saw the deceased alive on Nov 6, 1951 and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James Ellsworth Jr MD Piedmont W. Va 11-7-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: 11/8/51

NAME OF CEMETERY OR CREMATORY: Philos

LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG. 11-9-51

REGISTRAR'S SIGNATURE: Jannette M Boal

24. FUNERAL DIRECTOR ADDRESS: Ellsworth S. Boal. Westernport, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

10561

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 Elizabeth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 1 Elizabeth St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) George (Last) Western

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1951

5. SEX: female

6. COLOR OR RACE: French Bro...

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: unknown

9. AGE last birthday: about 71 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Gypsy

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: [redacted] George George

14. MOTHER'S MAIDEN NAME: [redacted] Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Charles Western (Son) (Longstar)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure due to	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis also had	?
	(c) Arteriosclerosis	?

4221
932

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Nov. 19-1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11-23-51 | NAME OF CEMETERY OR CREMATORY: St Marys Cem | LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Nov. 21, 1951 | REGISTRAR'S SIGNATURE: Winter R. Hantz, M.D. | 24. FUNERAL DIRECTOR | ADDRESS: James F. Scarpelli Cumberland Md.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cresap Park

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cumberland
STREET ADDRESS (If rural, give location) Cresap Park

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Nov. (Day) 3, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-21-1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dye House

10b. KIND OF BUSINESS OR INDUSTRY: Silk

11. BIRTHPLACE (State or foreign country): Ocean, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Williams

14. MOTHER'S MAIDEN NAME: Jane Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 214-07-5946

17. INFORMANT AND ADDRESS: Mrs. Isabelle Williams Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of the Stomach — Interval between onset and death: 4 mos

151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

116.1 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: 10-3-57

19b. MAJOR FINDINGS OF OPERATION: inoperable carcinoma of Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1957, to 11-3, 1957, that I last saw the deceased alive on 11-1, 1957, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] MD — ADDRESS: 5 Queen St. — DATE SIGNED: 11-5-57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-5-1957 — NAME OF CEMETERY OR CREMATORY: Frostburg Memorial — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: Nov. 5 1951 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

134437

Within corporate limits: Wills

10563

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: ALLEGANY; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MARYLAND
LENGTH OF STAY (In this place): 27 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: PENNSYLVANIA; COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SOMERSET
STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) M. (Last) WILLS
4. DATE OF DEATH: (Month) NOV. (Day) 28 (Year) 51
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6/22/1903
9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): BAKERSVILLE, PENNA.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: JOHN H. SHULTZ
14. MOTHER'S MAIDEN NAME: MINNIE M. BAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Rheumatic

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: Long period of time

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:14, 1951, to 11:28, 1951, that I last saw the deceased alive on 11:28, 1951, and that death occurred at 11:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. T. Williams M.D. Cumberland 11.28.51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Nov. 30, 1951
NAME OF CEMETERY OR CREMATORY: Somerset Cemetery
LOCATION (City, town, or county) (State): Somerset, Pa.

DATE REC'D BY LOCAL REG.: Nov. 28, 1951
REGISTRAR'S SIGNATURE: Walter L. Mauk, M.D.
24. FUNERAL DIRECTOR: Casper Lindsay Home
ADDRESS: Somerset, Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): [illegible]

3. NAME OF DECEASED (Type or Print): (First) Thurman (Middle) E. (Last) Wolf

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 19, 1892

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director

10b. KIND OF BUSINESS OR INDUSTRY: Fire Industry

11. BIRTHPLACE (State or foreign country): Hampshire County, W. Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Solomon Wolf

14. MOTHER'S MAIDEN NAME: Francelia Bean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WWI

16. SOCIAL SECURITY NO.: 214-07-0646

17. INFORMANT AND ADDRESS: Mrs. Leoda Rice Wolf-[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval between onset and death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obesity (350 lbs) — —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/15/51, 19..., to 11/19/51, 19..., that I last saw the deceased alive on 11/19/51, 19..., and that death occurred at 10:10 p.m., from the causes and on the date stated above.

SIGNATURE: W. Williams (Degree or title) M.D. ADDRESS: Cumberland Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-23-51 — NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Park — LOCATION (City, town, or county): Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Nov. 20, 1951 — REGISTRAR'S SIGNATURE: Walter K. Kantz M.D.

24. FUNERAL DIRECTOR: J. S. F. Sowell — ADDRESS: [illegible]

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1076

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 175 W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 175 W. Main St.

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) ORBAN (Last) WORKMAN

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 12-28-1885

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Live Stock Dlr.

10b. KIND OF BUSINESS OR INDUSTRY: Farming & Live Stock

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Workman

14. MOTHER'S MAIDEN NAME: Mary Ann Mealing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Miss Mary Workman, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	30 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	5 years
420.1 / 94a	(c) Arteriosclerosis	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Angina Pectoris	5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Nov. 21, 1951, that I last saw the deceased alive on Nov. 21, 1951, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Adolph Workman	M.D.	Frostburg	11-21-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-23-51	F'bg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-51	Miss Nancy N. Roe	J. R. Durst,	Frostburg, Md.

130

Within corporate limits

DR. ROTH

10566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, — LENGTH OF STAY (in this place): 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 436 GOETHE STREET

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) G. (Last) ~~ZAPF~~ Zapf

4. DATE OF DEATH: (Month) NOV. (Day) 6 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 5 1895

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hooker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Reclamation Plant

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD ZAPF

14. MOTHER'S MAIDEN NAME: CATHERINE BERRIGE Barice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. I.

16. SOCIAL SECURITY NO.: 705-09-3477

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma, Lt lung — Interval Between Onset and Death: unk.

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

472 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1951, to 11/6, 1951, that I last saw the deceased alive on 11/6, 1951, and that death occurred at 3:12A m., from the causes and on the date stated above.

SIGNATURE: Oliver Ralph Rost, M.D. (Degree or title) — ADDRESS: 202 Virginia Ave., Cumberland, Md. — DATE SIGNED: 11/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 8, 1951 | NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park | LOCATION (City, town, or county): Cumberland | (State): Md

DATE REC'D BY LOCAL REG.: Nov. 8, 1951 | REGISTRAR'S SIGNATURE: Winter K. Hantz, M.D. | 24. FUNERAL DIRECTOR: John J. Hotle — ADDRESS: Cumberland Md

97056

VS-A15

Hofer

RECEIVED
NOV 15 1951
BUREAU V. S.

Within corporate limits: S. M. Jacobson

Admitted 11/5/51
Died 11/22/51 7:05 P.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10567

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): 17 DAYS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 715 Princeton Street
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital	STREET ADDRESS (If rural, give location): Cumberland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	S.	Zimmerman	November	22	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
Male	White	Married	12/13/94	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker-B&O Freight Station		Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Zimmerman	Mary A. Manges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Subarachnoid Hemorrhage	4 hours
330X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 820	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible Syphilis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/5, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/22, 1951, and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Samuel Jacobs MD — ADDRESS: 50 Pershing St. — DATE SIGNED: 11/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 25, 1951	Hyndman Cemetery	Hyndman Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Nov. 24, 1951	Winter K. Lantz, MD	John F. Hoffman, Cumberland, Md.

L73556

NOV. 27 1951

BUREAU V. S.